

Date: October 13, 2010

CRITERIA FOR PRIOR AUTHORIZATION

Lidoderm[®] (lidocaine patch 5%)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Lidoderm[®] (lidocaine patch 5%)

CRITERIA: (must meet all of the following)

- Patient must be at least 18 years old.
- Patient must have a diagnosis of post-herpetic neuralgia OR diabetic neuropathy.
- Maximum quantity of 90 patches per month.

Prior Authorizations will be approved for 1 year.

Note: First prescription can be filled for a quantity of 30 without a prior authorization, subsequent fills will require a prior authorization with a maximum quantity of 90.